FORM D

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UNITED STATES
ECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

hours per response.....16.00

OTICE OF SALE OF SECURITIES PÉRSUANT TO REGULATION D, SECTION 4(6), AND/OR

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SEC USE ONLY

Prefix Serial

DATE RECEIVED

UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) LTC Financial Partners, LLC			
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(Type of Filing: New Filing Amendment	PROCESSED		
A. BASIC IDENTIFICATION DATA	NAME OF COOK		
1. Enter the information requested about the issuer	MAY 0 7 2003		
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) LTC Financial Partners, LLC	THOMSON FINANCIAL		
Address of Executive Offices (Number and Street, City, State, Zip Code) 20700 NE 142nd St., Woodinville, WA 98072	Telephone Number (Including Area Code) 425-882-0411		
Address of Principal Business Operations (Number and Street, City, State, Zip Code (if different from Executive Offices)	Telephone Number (Including Area Code) 425-882-0411		
Brief Description of Business Sale and marketing of long term care insurance products	and services		
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed	(please specify): Washington State Limited Liability Company		
Month Year Actual or Estimated Date of Incorporation or Organization: O	stimated		
GENERAL INSTRUCTIONS			

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

– Attention -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: X Promoter X Beneficial Owner X Executive Officer X Director General and/or Managing Partner Full Name (Last name first, if individual) Smith, Craig Business or Residence Address (Number and Street, City, State, Zip Code) 20700 NE 142nd St., Woodinville, WA 98072 X Beneficial Owner Check Box(es) that Apply: X Promoter Executive Officer General and/or X Director Managing Partner Full Name (Last name first, if individual) Truesdell, Cameron Business or Residence Address (Number and Street, City, State, Zip Code) 5522 308th SE, P.O. Box 925, Preston, WA 98050 Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer General and/or ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner General and/or Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

**************************************				B. IN	FORMATI	ON ABOU	r offeri	۱G: پژین				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No X		
		,			Appendix,				•			LAI
2. What is	the minim	um investm	ent that wi	ll be accep	pted from a	ny individ	ual?	***************************************	***************************************		\$ <u>50,</u>	000.00
3. Does th	e affering r	nermit ioint	ownershir	of a sing	le unit?						Yes ∏X	No
									_	Ш		
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.							with a state					
Fuli Name (Last name i	first, if indi	vidual)									
Business or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)						
Name of Ass	sociated Br	oker or Dea	aler									
States in Wh		Listed Has " or check										States
											, · -	
[AL]	AK IN	AZ IA	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	[FL]	GA / MN/	HI MS	ID MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	$\overline{\mathbf{w}}$	WY	PR
Full Name (Last name	first, if indi	ividual)							·	N.	
Business or Residence Address (Number and Street, City, State, Zip Code)							<u> </u>					
Name of As				d Street, C	City, State, 2	Zip Code)		<u> </u>			,: 4; · · · ·	
Name of As	sociated Br	oker or De	aler					·				
Name of As	sociated Br	oker or De	aler s Solicited	or Intends	s to Solicit	Purchasers		· · · ·				1 States
Name of As States in W (Check	sociated Br	Listed Has	aler s Solicited individual	or Intends	s to Solicit	Purchasers						l States
Name of As	sociated Br	oker or De	aler s Solicited individual	or Intends	s to Solicit	Purchasers		DC MA	FL MI	GA MN	HI MS	l States ID MO
Name of As States in W (Check AL IL MT	sociated Branchich Person "All States AK IN NE	a Listed Hases or or check AZ IA NV	s Solicited individual KS	or Intends States) CA KY NJ	co LA NM	Purchasers CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
Name of As States in W (Check AL IL MT RI	sociated Branchich Person "All States AK IN NE SC	a Listed Has or or check AZ IA NV SD	s Solicited individual AR KS NH	or Intends States) CA KY	co Solicit	Purchasers CT ME	DE MD	DC MA	FL	GA MN	HI MS	ID MO
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Name of As States in W (Check AL IL MT RI	sociated Braining Scalars	Listed Has or check AZ IA NV SD first, if ind	aler s Solicited individual AR KS NH TN ividual)	or Intends States) CA KY NJ TX	CO LA NM UT	Purchasers CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
Name of As States in W (Check AL IL MT RI Full Name of As	hich Persor "All States AK IN NE SC (Last name	Listed Has a Listed Has s" or check AZ IA NV SD first, if ind	S Solicited individual AR KS NH TN ividual)	or Intends States) CA KY NJ TX	CO LA NM UT	Purchasers CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
Name of As States in W (Check AL IL MT RI Full Name of As Name of As	sociated Branchich Person "All State: AK IN NE SC (Last name r Residence	Listed Has a Listed Has a Creater or check AZ IA NV SD first, if ind a Address (1)	aler S Solicited individual AR KS NH TN ividual) Number and saler	or Intends States) CA KY NJ TX d Street, C	CO LA NM UT City, State,	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
Name of As States in W (Check AL IL MT RI Full Name of As Name of As States in W	sociated Brain hich Person "All States AK IN NE SC (Last name r Residence ssociated B	AZ IA NV SD first, if ind Address (I	S Solicited individual AR KS NH TN ividual) Number and saler s Solicited	or Intends States) CA KY NJ TX d Street, (CO LA NM UT City, State,	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Name of As States in W (Check AL IL MT RI Full Name of As States in W (Check	sociated Branchich Person "All States AK IN NE SC (Last name r Residence rssociated B	AZ IA NV SD first, if ind Address (1) roker or De	S Solicited individual AR KS NH TN ividual) Number and saler s Solicited individual	or Intends States) CA KY NJ TX d Street, (CO LA NM UT City, State,	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Name of As States in W (Check AL IL MT RI Full Name of As Name of As States in W (Check AL	sociated Branch ich Person "All State: AK IN NE SC (Last name r Residence ich ich Person c "All State AK	I Listed Has AZ IA NV SD first, if ind Address (1) roker or De n Listed Has s" or check	aler S Solicited individual AR KS NH TN ividual) Number and aler s Solicited individual	or Intends States) CA KY NJ TX d Street, C	CO LA NM UT City, State,	Purchasers CT ME NY VT Zip Code) Purchasers	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR II States
Name of As States in W (Check AL IL MT RI Full Name of As States in W (Check	sociated Branchich Person "All States AK IN NE SC (Last name r Residence rssociated B	AZ IA NV SD first, if ind Address (1) roker or De	S Solicited individual AR KS NH TN ividual) Number and saler s Solicited individual	or Intends States) CA KY NJ TX d Street, (CO LA NM UT City, State,	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS; EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check				
	this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
•	aneady exchanged.	Aggregate	.	An	nount Already
	Type of Security	Offering Pr	ice		Sold
	Debt	3.5 mi	11ic	\$	0
	Equity				
	Common Preferred				
	Convertible Securities (including warrants)	5		\$	
	Partnership Interests	§		\$	
	Other (Specify LLC Shares)			\$	75,000.00
	Total	5 mill	ion	<u> </u>	75,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		."	2' (<i>.</i>
	,	Number Investors	s /	•	Aggregate collar Amount of Purchases
	Accredited Investors	1		\$_	75,000.00
	Non-accredited Investors		\rightarrow	\$_	
	Total (for filings under Rule 504 only)		`	\$_	
	Answer also in Appendix, Column 4, if filing under ULOE.				\
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security		Ι	Oollar Amount Sold
	Rule 505			\$_	
	Regulation A			\$_	
	Rule 504			\$_	
	Total			\$_	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$_	0
	Printing and Engraving Costs			\$_	0
	Legal Fees	••••	X	\$_	7,000.00
	Accounting Fees	•••••		\$_	2,000.00
	Engineering Fees	•••••		\$_	0
	Sales Commissions (specify finders' fees separately)	••••		\$_	0
	Other Expenses (identify)		<u> </u>	\$_	1,000.00
	Total		$\overline{\Box}$	\$	

	COFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF RI	ROCE	EDS		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$ <u>4</u> ,	990,000
i.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.				
		O: Dire	ments to fficers, ctors, & iliates	Č	yments to Others
	Salaries and Salar]\$ <u>24</u>	0,000	□ \$ <u>6</u>	60,000
	Purchase of real estate]\$	0	\$_	0
	Purchase, rental or leasing and installation of machinery and equipment]\$	0	\$_	0
	Construction or leasing of plant buildings and facilities	_] \$	0	\$	60,000
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)] \$	0	s_	0
	Repayment of indebtedness]\$	0	□\$_	0
	Working capital]\$	0 /		,800,000
]\$	0	\square \$\frac{2}{}	,230,000
	miscellaneous		Ĺ		
]\$		\$_	
	Column Totals] \$_2			
	Total Payments Listed (column totals added)		\$ <u>_4</u>	,990,	000
Αν.) (1.4) (1.4)	D.FEDERAL'SIGNATURE		255 4 7 7 255 4	4170	
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, ι	ipon writte		
	Euer (Print or Type) LTC Financial Partners, LLC	Date	25/0	3	
Na	ame of Signer (Print or Type) Title of Signer (Print or Type)	-	/-		
	Craig Smith President		_		

- ATTENTION -

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No XX
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

	\sim	,
Issuer (Print or Type)	Signature	Date
LTC Financial Partners, LLC	1), (41)	4/25/03
Name (Print or Type)	Title (Print or Type)	
Craig Smith	President	:

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX.					
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL								_		
AK										
AZ										
AR										
CA		х	LLC shares						х	
СО							,			
СТ							(
DE			(
DC								<u> </u>		
FL										
GA									× .	
HI		·								
ID										
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										

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1	Intendation non-a	2 to sell ccredited s in State 1-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МО											
MT											
NE											
NV								-			
NH								.*			
NJ							(
NM											
NY			,				'				
NC											
ND			1								
ОН	·								1.2		
ОК	-					,					
OR											
PA											
RI											
SC	ļ										
SD											
TN											
TX											
UT	ļ <u>.</u>										
VT											
VA			<u>,</u>						<u> </u>		
WA		х	LLC shares	1	\$75.,00	0	0		X		
wv											
WI											

			er Programme	APP)	ENDIX				
1	Type of secular and aggreg to non-accredited investors in State (Part B-Item 1) Type of secular and aggreg offering price offered in state (Part C-Item			4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR	<u> </u>								